Brain Injury Workgroup Minutes

Meeting #3
September 27, 2011, 10:00 am to 3:15 pm
United Way Conference Center
1111 9th Street
Des Moines, IA 50314

MINUTES

Attendance

Workgroup members: Megan Hartwig/Chair, Jack Hackett/Co-Chair, Mark Block, Tom Brown, Katrina Carter, Julie Fidler Dixon, Kay Graber, Michael Hall, Dave Johnson, Rhonda Jordal, Lisa Langlitz, Geoffery Lauer, Lisa Langlitz, LeAnn Moskowitz, Ben Woodworth

Absent: none

Facilitator: Teresa Hay McMahon

Staff: Lonnie Cleland

Other Attendees:

• Jess Benson	Legislative Services Agency
• Sandy Ferguson	Harmony House
• Tracy Keninger	Easter Seals
• Jeanie McCarville-Kerber	DHS/DMACC
• Jenny Schulte	Advocacy Strategies
• Brad Trow	House Republican Staff
• Annie Uetz	Polk county Health Services

INTRODUCTIONS

The Chair and Co-Chair welcomed the group. Introductions were made. New member Mark Block was welcomed to the group. Block is a Spinal Cord and Brain Injury survivor. Hartwig provided information on key items the other workgroups are discussing.

DEVELOPMENT OF GUIDING PRINCIPLES

Facilitator explained the guiding principles the group decides on will be used to narrow down the best practices.The group discussed the guiding principles used by Olmstead. The group spent time talking about how many principles would be useful. The group decided on the following guiding principles *(text in italics represents additions made by the BI workgroup to the Olmstead language)*:

- Public awareness and inclusion
- *Early identification and screening at all access points*
- Access to *a continuum of* services and supports
- Individualized and person-centered
- Collaboration and partnership in building community capacity *and providing services*
- Workforce and Organizational Effectiveness
- Empowerment
- Active Participation
- Accountability and results for providers
- Responsibility and accountability for government

REVIEW OF BEST PRACTICES

Services (Fidler Dixon, Hall, Langlitz, Moskowitz)
The service group brought two handouts for discussion (handouts available on the MHDS Redesign website at http://www.dhs.state.ia.us/Partners/Partners_Providers/MentalHealthRedesign/BestPracticesBI.html):

- *MHDS BI Workgroup-Services I 9-27-2011*
- *MHDS BI Workgroup-Services II 9-27-2011*

The first document was a review of the following documents: Other states' plans for Brain Injury and the *IACP Brain Injury Survey Results and Analysis*. This document outlined services available in brain injury as well as best practice information. The workgroup added Assessment and Identification as a level of service as well as the following additional points under service areas:

- Emergency Services
  - Crisis Intervention
- Post Acute Rehabilitation Services
  - HCBS Waiver
  - Skilled Nursing Facility
  - Nursing Facility
  - Intermediate Care Facility
  - Assisted Living
  - Neuro Cognitive Remediation
  - Neurobehaviorally Complex
  - Multi-Occurring disorder (including substance abuse, mental health, etc.)/Psychological/Psychiatric assessment and treatment
  - Specialty Medically Complex
  - Medical and dental management

- Pre-Vocational Services
- Time limited rehabilitation
- Rehabilitative day programs
- Respite
- Assistive Technology
- Available support services to family members of survivors across all listed service levels.

The second document is a workgroup member outline of the document: *Neurobehavioral Issues of Traumatic Brain Injury: An Introduction by the National Association of State Head Injury Administrator's Neurobehavioral Health Committee*.

Hall asked the group how a "cut off line" for services would be developed. He made the point that some services are not only not best practices but are also harmful to people. Lauer commented on the need to be cautious against working against or parallel to licensing boards that are charged with protection of consumers. Hackett reminded the group of the need to look at evidence-based practices. Hall pointed out the importance of clarifying the difference between best practices vs. evidence-based practices vs. potentially harmful practices. Brown stressed the need for flexible services on a case by case basis, stating some individuals may need services that are not necessarily best practice. Lauer suggested the group develop a hierarchy of best practices with the most important service being at the top of the list. Moskowitz stated the need for safety nets to be built in to look at situations such as crisis intervention. There was discussion regarding the possible need for independent case managers for consumers. The group also discussed the need of a summary of what Iowa does well instead of a list of all services available.

The following best practices were identified for services during discussion:

- Plan to provide personal care to include cognitive and behavioral services
- Jail diversion programs for BI
- Statewide BI screening tool
- Statewide required training for people working with BI
- Inpatient hospital neuro-behavioral programs
- Technical assistance for providers for issues
- Development of a service manual
- Use of evidence-based practices
- Hierarchy of "best services"

<u>Linkages</u> (Hackett, Johnson, Woodworth)
The following are some current links in the system:

- Income maintenance workers
- Multiple entry points to service
- Continued utilization of the TBI letters
- Community provider education and trainings
- Advisory Council on Brain Injuries

One issue the group discussed is the issue of rural vs. urban service provision, especially related to case management (i.e. BI specific case managers). A need was identified to understand linkage in terms of multiple entry points into the service delivery system.

Following are possible best practices identified for linkages:

- The need to decrease the timeline from injury to the time a survivor receives a registry letter (Florida does this in 7 to 10 days)
- Appropriate targeted funding to support the Iowa Brain Injury Resource Network
- Targeted funds to support Neuro Resource Facilitators
- Combined practice/research/education center for BI
- Champion key entry points (link information and refer to appropriate services)
- Higher education connection to provider training
- Inter-agency BI team (i.e., Iowa Department of Public Health, Iowa Department of Human Service, Iowa Veterans Administration, National Guard, Iowa Department of Corrections, Vocational Rehabilitation, etc.) in addition to the Governor's Advisory Council on Brain Injuries to develop and carryout BI related policy
- Case managers who are BI specialists

Identification (Hartwig, Carter, Jordal)
The Identification group brought the following document for discussion (handouts available on the MHDS Redesign website at http://www.dhs.state.ia.us/Partners/Partners_Providers/MentalHealthRedesign/BestPracticesBI.html):

- *MHDS BI Workgroup-Identification 9-27-2011*

The group discussed the following items:

- Issues of reporting numbers of survivors
- Possible gaps in population identification
- Linkage of survivors after identification
- Places to screen

The entire group identified the following places for screenings in addition to those identified in MHDS BI Workgroup-Identification 9-27-11:

- Aging and Disability Resource Centers
- Senior Centers
- Hospitals
- Domestic Violence Shelters
- Nursing Homes
- Area Agencies on Aging

The following were possible best practices for identification:

- Service members and veterans referred to non-VA service providers if unable to receive services through the VA or who choose not to receive VA services (open the availability for them to receive services in all agencies)
- Screenings for the most appropriate services

- Building quick screens into the regional system and then linkages to services
- Registry letter to include DHS information
- Simple screening tool (standardized) available to all screeners for further referral
- Comprehensive list of screeners
- Technical assistance available to screeners
- Screening in rural areas
- Screening in schools and corrections

Policy (Lauer, Brown, Graber, Jordal)
The Policy group brought the following document for discussion (handouts available on the MHDS Redesign website: http://www.dhs.state.ia.us/Partners/Partners_Providers/MentalHealthRedesign/BestPracticesBI.html)

- *MHDS BI Workgroup-Policy 9-27-2011*

The entire group discussed the following possible best practices related to policy:

- Adequate funding and improved reporting timelines for the trauma registry
- Regular needs assessments and updating of IDPH State Plan for Brain Injury
- Brain Injury service components that are identified need to be supported (funded)
- Continued inclusion of Brain Injury in Olmstead and inclusion of Olmstead in Brain Injury
- Elevating the Governor's Advisory Council on Brain Injuries to a commission level (statutory oversight, ratification, etc.)
- Accessible and fully funded Brain Injury Waiver
- Brain Injury waiver managed at an aggregate level
- Brain Injury adopted into the Iowa Disability System
- Increased availability of neurobehavioral services
- Dedicated funding stream for regional, core Brain Injury services
- Brain Injury cost share
- Consistency in provider standards
- Current Brain Injury funding leveraged through DHS to draw down additional federal funds
- Regional Brain Injury teams
- Continuous Quality Improvement activities

PUBLIC COMMENT

COMMENT:	The Brain Injury group was not an afterthought. The BI workgroup was given until 12/2012 to submit their report, and this is the same as the Children's group. The BI group was given more time because the legislature recognized the need to create a statewide system. The BI group does not need to feel rushed to finish the process. It is noted the BI group has come up with some concrete ideas—this has not happened in all of the groups yet.

DHS COMMENT: The BI group should help the legislature get a solid picture of what the system should look like for Brain Injury. What are the best practices? There needs to be a database to track these best practices so the legislature can tell what is working, etc.

NEXT STEPS

- Small groups schedule time for conference calls to identify best practices and consider them in light of the following seven questions:
  1. Does the service array **support preferred outcomes** for individuals, families and the system?
  2. How does the current service array **align with best practice**?
  3. Are there **gaps** in Iowa's core service array for people with Brain Injury? Their families?
  4. How can they be addressed?
     - **Short-term**
     - **Long-term**
  5. Are there services the workgroup recommends **phasing down or out**?
  6. Are there new services that need to be **added** or current service options that the workgroup recommends **expanding**?
  7. Given scarce resources, which services, either currently in place or recommended to be in place, should be **prioritized** for implementation?

- Provide Megan with executive summaries or written summaries of materials to post to DHS redesign website.

COORDINATION WITH OTHER WORKGROUPS

The efforts of this workgroup will have overlay with other workgroups as details of the redesign unfold.

MEETING SUMMARY

All handouts from the meeting will be posted on the DHS MHDS website at http://www.dhs.state.ia.us/Partners/Partners_Providers/MentalHealthRedesign/BestPracticesBI.html.

NEXT MEETINGS

10/11/11—United Way of Central Iowa: Draft preliminary best practices recommendations.

10/27/11—Polk County River Place—Finalize best practices recommendations.

For more information:

Handouts and meeting information for each workgroup will be made available at: http://www.dhs.state.ia.us/Partners/MHDSRedesign.html

Website information will be updated regularly and meeting agendas, minutes, and handouts for the six redesign workgroups will be posted there.